KIDS <u>DECEMBER</u> VACATION GYM DAY AT THE 9/11 MEMORIAL SPORTS CENTER

Back by popular demand, please join us on Wednesday, December 30, 2015 for a fun filled day at the 9/11 Memorial Center (located at the Pitkin Community Center). Children can visit with old friends and make new friends during the vacation. ALL SESSIONS ARE FOR THE INDICATED AGES ONLY!

9:00 - 10:00 a.m. 2 - 4 year olds (Parent and Toddler) Max: 30 Enjoy pop up tents, tunnels to explore, riding and push toys. Try other fun toddler activities with your child.





Max: 60 5 - 7 year olds 10:30 a.m. – 12:00 p.m.

Drop your child off for some free play and organized games like kickball, basketball, freeze tag, beading, artwork, Apples to Apples and other fun games!

1:00 – 3:00 p.m.

8 – 12 year olds

Max: 60

Drop your child off to enjoy basketball, dodgeball, and kickball in the gym as well as games, bracelets, artwork and age appropriate computer fun and learning.



Pre-registration is required and space is limited, so register early by calling 860-721-2950.

Registration Deadline: Monday, December 28, 2015

Donation: \$1.00 per child

| | Complete Below and Bring to G | ym Day | |
|---|--|--|--|
| Participant: | Gender _ | Birth date | Grade |
| Participant: | Gender _ | Birth date | Grade |
| Participant: | Gender _ | Birth date | Grade |
| Participant: | Gender _ | Birth date | Grade |
| Parent/Guardian | | Phone \square h \square w \square c | |
| Address/City/State/Zip | | Email | |
| Please indicate relevant allergies, medical | conditions, medications, etc. and any ad | ditional emergency conta | ct people on the reverse. |
| Waiver: I acknowledge there are certain rand/or my child may encounter. I grant per not hold employees of the Town of Wether permission for photographs to be taken of publications unless otherwise noted in write | rmission to seek emergency medical car refield or its agents liable for any injurie myself and/or child and to be used in De | e on behalf of myself and s which I and/or my child | or child. I further agree I will may encounter. I also grant |
| Signature | | | Date |
| Program Selections: [] Keane Toddler \$1 | [] Keane Ages 5-7 \$1 |] |] Keane Ages 8-12 \$1 |
| Payment: □ Cash □ Check At the | Door Only | | |